



**SAN DIEGO COUNTY CUPA**  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**  
**HAZARDOUS MATERIALS DIVISION**  
P.O. BOX 129261, SAN DIEGO, CA 92112-9261  
(858) 505-6880 FAX (858) 505-6848

**CalARP REGULATED SUBSTANCE DISCLAIMER/DEREGISTRATION**

**I. IDENTIFICATION**

FACILITY ID#	3	7		0	0	0												Date Submitted:	/	/	/	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)																3	BUSINESS PHONE ( )					
BUSINESS SITE ADDRESS																						
CITY																CA	ZIP CODE					
BUSINESS OPERATOR NAME																BUSINESS OPERATOR PHONE ( )						
MAILING ADDRESS																						
CITY																STATE		ZIP CODE				

**II. THE FOLLOWING REGULATED SUBSTANCES ARE NO LONGER HANDLED AT THE ABOVE SITE**

1.
Reason for discontinued use/ or replacement chemical that is not a regulated substance.
2.
Reason for discontinued use/ or replacement chemical that is not a regulated substance.
3.
Reason for discontinued use/ or replacement chemical that is not a regulated substance.

**III. THE FOLLOWING REGULATED SUBSTANCES ARE HANDLED BELOW THEIR THRESHOLD QUANTITIES**

NAME OF SUBSTANCE	TOTAL AMOUNT STORED ON SITE	SIZE OF LARGEST STORAGE CONTAINER
1.		
2.		
3.		

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. I understand that if I submit a disclaimer and are now or in the future subject to the RMP requirements, a new RMP will be required. The RMP will be as for a new process and the regulated substance(s) cannot be brought on site or increased above the threshold until a complete RMP has been submitted.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
NAME OF SIGNER (print)	136	TITLE OF SIGNER		137

<b>O F F I C E  U S E</b>	<b>INSTRUCTIONS TO CLERICAL STAFF FOR DISCLAIMER ACCEPTANCE</b>	DISCLAIMER ACCEPTED ____/____/____	BY: _____
		<input type="checkbox"/> Change the status of site to non-CalARP (Bus. Activities in KIVA). Change Route to _____. <input type="checkbox"/> Remove KIVA billing codes: 6HCUPA3 6HRMP1 6HRMP2 (Quantities=0 in KIVA) <input type="checkbox"/> Update inventory for: _____ DELETE, AVG _____ MAX _____ <input type="checkbox"/> Enter Remark "Verify Inventory or Use of _____, at _____. CalARP disclaimer submitted ____/____/____ indicated below TPQ/ discontinued use." <input type="checkbox"/> Deactivate	
	HIRT SITE <input type="checkbox"/> YES NO <input type="checkbox"/>	REMARKS: _____	

# CalARP REGULATED SUBSTANCE DISCLAIMER/DEREGISTRATION FORM

This form is to be completed by facilities that no longer handle regulated substances and by facilities that have reduced their usage of a regulated substance below the threshold quantities in a process.

## **I. IDENTIFICATION**

**FACILITY ID #** - Enter your 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a UPFP leave this blank.

**BUSINESS NAME** - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA"- Doing Business As.

**DATE** - Enter the date (YYYYMMDD) the disclaimer was prepared.

**BUSINESS PHONE** - Enter the phone number, area code first, and any extension.

**BUSINESS SITE ADDRESS** - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility. If the mailing address is different, complete #113- #116.

**CITY** - Enter the city or unincorporated area in which business site is located.

**ZIP CODE** - Enter the zip code of business site. The extra 4-digit zip may also be added.

**BUSINESS OPERATOR NAME** - Enter the name of the business operator who handles Cal-ARP, RMP issues.

**BUSINESS OPERATOR PHONE** - Enter business operator phone number, if different from business phone, area code first, and any extension.

**MAILING ADDRESS** - Enter the mailing address where business related correspondence should be sent, if different from business site address.

**MAILING ADDRESS OWNER CITY** - Enter the name of the city for the mailing address.

**MAILING ADDRESS OWNER STATE** - Enter the 2 character state abbreviation for the mailing address.

**MAILING ADDRESS OWNER ZIP CODE** - Enter the zip code for the mailing address. The extra 4-digit zip may also be added.

## **II. THE FOLLOWING REGULATED SUBSTANCES ARE NO LONGER HANDLED AT THE ABOVE SITE**

**1, 2, or 3.** List the name of the regulated substance, and CAS Number. List the reason for discontinued use of a regulated substance, or the chemical that is not a Regulated Substance used as a substitute.

## **III. THE FOLLOWING REGULATED SUBSTANCES ARE HANDLED BELOW THEIR THRESHOLD QUANTITIES**

**1, 2, or 3.** List the name of the regulated substance, and CAS Number.

**TOTAL AMOUNT STORED ON SITE**- the total quantity of the regulated substance onsite in all containers, tanks, vessels, and process equipment.

**SIZE ON LARGEST STORAGE CONTAINER**-the actual size of the largest storage container or tank.

**SIGNATURE DATE** - Enter the date that the document was signed (YYYYMMDD).

**NAME OF DOCUMENT PREPARE** - Enter the full name of the person who prepared the inventory submittal information.

**NAME OF SIGNER** - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate, and complete.

**SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE** - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the Signer's belief that **submitted information is true, accurate and complete.**

**TITLE OF SIGNER** - Enter the title of the person signing the page.

**If your facility submits a disclaimer and is now or in the future subject to the RMP requirements, you will need to submit a new RMP and be subject to the RMP review process. The RMP will be considered for a new process and you will be prohibited from bringing the regulated substance(s) on site or increasing the quantity above the threshold until a complete RMP has been submitted.**